

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 122

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF MINNESOTA**

**A.**

Full Name (Last, First, Middle Initial)

Martin Kellogg

Mailing Address 339 Mount Curve Blvd.

City

St. Paul

State

MN

Zip Code

55105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EFE, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 4

Transaction ID: SA11AI.4152

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

David Koch

Mailing Address 505 Highway 169 N  
Suite 595

City

Plymouth

State

MN

Zip Code

55441

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 0 4

Transaction ID: SA11AI.4154

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Lowe

Mailing Address 3295 Carmen Rd

City

Excelsior

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Owner/Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 4

Transaction ID: SA11AI.4156

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....